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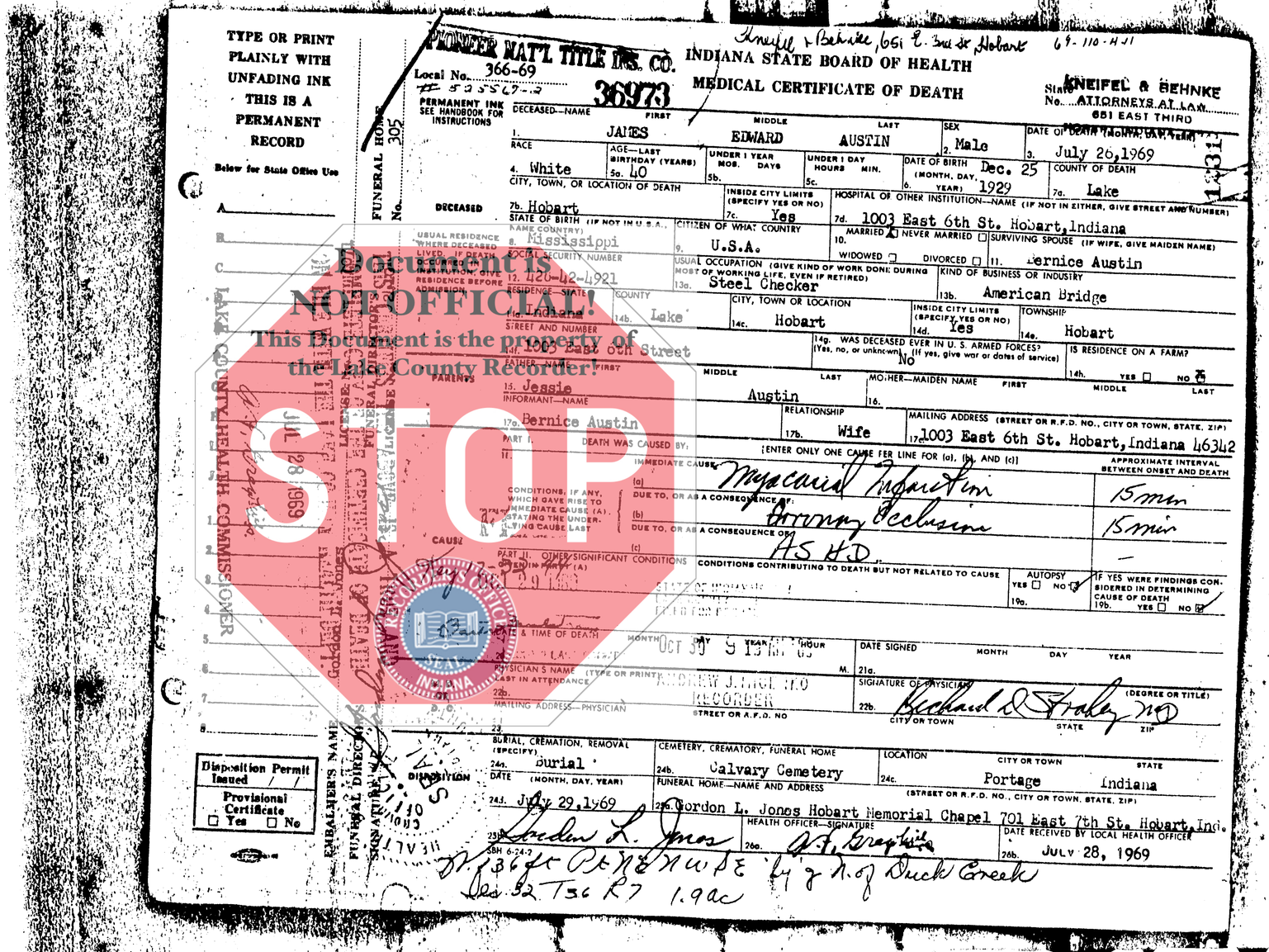

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Local No. 366-69

36973

INDIANA STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

Kneifel & Behnke, 651 E. 3rd St. Hobart 69-110-H-11

KNEIFEL & BEHNKE ATTORNEYS AT LAW 651 EAST THIRD

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME: 1. JAMES EDWARD AUSTIN

2. SEX: Male

3. DATE OF DEATH (MONTH, DAY, YEAR): July 26, 1969

4. RACE: White

5a. AGE—LAST BIRTHDAY (YEARS): 40

5b. UNDER 1 YEAR MOS. DAYS

5c. UNDER 1 DAY HOURS MIN.

6. DATE OF BIRTH (MONTH, DAY, YEAR): Dec. 25 1929

7a. COUNTY OF DEATH: Lake

DECEASED

7b. CITY, TOWN, OR LOCATION OF DEATH: Hobart

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 1003 East 6th St. Hobart, Indiana

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Mississippi

9. CITIZEN OF WHAT COUNTRY: U.S.A.

10. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Bernice Austin

11. SOCIAL SECURITY NUMBER: 420-42-4921

12. USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Steel Checker

13b. KIND OF BUSINESS OR INDUSTRY: American Bridge

RESIDENCE—STATE: Indiana

14b. COUNTY: Lake

14c. CITY, TOWN OR LOCATION: Hobart

14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

14e. TOWNSHIP: Hobart

14f. STREET AND NUMBER: 1003 East 6th Street

14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

14h. IS RESIDENCE ON A FARM? YES ☐ NO ☒

PARENTS

15. FATHER—NAME FIRST: Jessie MIDDLE LAST: Austin

16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST

INFORMANT—NAME: 17a. Bernice Austin

RELATIONSHIP: 17b. Wife

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 17c. 1003 East 6th St. Hobart, Indiana 46342

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	15 min
DUE TO, OR AS A CONSEQUENCE OF: (b)	Coronary Occlusion	15 min
DUE TO, OR AS A CONSEQUENCE OF: (c)	A.S.H.D.	—

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

AUTOPSY YES ☐ NO ☒ 19a.

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES ☐ NO ☒

DATE & TIME OF DEATH: MONTH Oct DAY 30 YEAR 69 HOUR 9:15 M.

DATE SIGNED: MONTH DAY YEAR 21a.

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: 22a. Richard L. Staley M.D.

SIGNATURE OF PHYSICIAN (DEGREE OR TITLE) 22b.

MAILING ADDRESS—PHYSICIAN: STREET OR R.F.D. NO CITY OR TOWN STATE ZIP

23. BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial

CEMETERY, CREMATORY, FUNERAL HOME: 24b. Calvary Cemetery

LOCATION CITY OR TOWN STATE: 24c. Portage Indiana

DATE (MONTH, DAY, YEAR): 24d. July 29, 1969

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 25a. Gordon L. Jones Hobart Memorial Chapel 701 East 7th St. Hobart, Ind.

25b. Gordon L. Jones

HEALTH OFFICER—SIGNATURE: 26a. V. E. Graybill

DATE RECEIVED BY LOCAL HEALTH OFFICER: 26b. JULY 28, 1969

SBH 6-24-2

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

DISPOSITION

FUNERAL HOME No. 305

Lot 110 Block 4

W 136 ft of E 1/2 of N 1/2 of Duck Creek

Sec 32 T36 R7 1.99ac

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